



**County of Fresno Department of Public Health**  
 Public Health Nursing Referral Form  
 (559) 600-3330 Fax: (559) 455-4705 Email: phnfax@fresnocountyca.gov

Office Use Only  
 CT \_\_\_\_\_  
 # \_\_\_\_\_

**Date of Referral:**

**Reason for Referral:**      **Pregnancy**                      **Infant**                      **Child**                      **BIH Pregnancy/Postpartum**

**Referring Agency/Provider**

Agency Name:		Contact Person:					
Address:		Phone#:			Fax#:		
City/State:	Zip:	CPSP Providers?	Yes	No	Reply Requested?	Yes	No

**Mother Information**

Last Name:		First Name:		DOB:		Phone:				
Address:				City:		Zip:				
Primary Language:	Speaks English?	Yes	No	Ethnicity:	Hispanic	Yes	No	Hmong	Yes	No
Race (check all that apply):	American/Alaskan Indian	White	Asian	Black/African American	Hawaiian/Pacific Islander	Unknown				
If client is under 18, is parent aware of pregnancy?		Yes	No							
Medi-Cal	Presumptive Eligibility	Private Insurance			CCS					

PNC:      No prenatal care (0 to 3 visits)      Late (>16 wks)      Frequent Missed Appointments      High Risk Pregnancy

First Time Mother:      Yes      No      Due Date:      # of Pregnancies:      # of Children Living:

Postpartum Delivery Date:

This client has been notified of this referral & gives consent to contact:      Yes      No

**Infant/Child Information**

Child's Last Name:		Child's First Name:		DOB:		Sex:		Male	Female	
Address:				City:		Zip:				
Primary Language:	Speaks English?	Yes	No	Ethnicity:	Hispanic	Yes	No	Hmong	Yes	No
Race (check all that apply):	American/Alaskan Indian	White	Asian	Black/African American	Hawaiian/Pacific Islander	Unknown				
Medi-Cal	Presumptive Eligibility	Private Insurance			CCS					

Gestation:      wks      days      Birth Weight:      lbs.      oz.

**Primary Guardian/Caregiver Name:**                      Phone:                      DOB:

**Primary/Guardian Relationship(If not Biological Mom):**      Biological Father      Grandparent      Foster      Other:

Additional Information (add additional pages if needed)